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(54) Title: DIABETES MANAGEMENT SYSTEM AND METHOD FOR CONTROLLING BLOOD GLUCOSE

(54) Titre: SYSTEME DE TRAITEMENT DU DIABETE ET METHODE DE CONTROLE DE LA GLYCEMIE

(57) Abstract

A diabetes management system for predicting a future blood glucose value of a patient and for recommending a corrective action to the patient when the future blood glucose value lies outside of a target range. The system includes a patient-operated apparatus for measuring blood glucose values and for storing data relating to insulin doses administered to the patient. The apparatus predicts the patient's future blood glucose value based upon the patient's current blood glucose value, the fraction of insulin action remaining from the insulin doses, and the patient's insulin sensitivity. The apparatus also determines the corrective action for the patient when the predicted blood glucose value lies outside of a target range. The system also includes a physician computer in communication with the apparatus for receiving the blood glucose values and insulin dose data and for calculating an adjusted insulin sensitivity for use in subsequent predictions.

(57) Abrégé

Cette invention concerne un système de traitement du diabète permettant de prévoir une glycémie future chez un patient et de conseiller à ce patient une action préventive lorsque la glycémie future se situe en dehors d'une plage ciblée. Ce système comprend un dispositif, commandé par le patient, de mesure de la glycémie et de mémorisation des données concernant les doses d'insuline administrées au patient. Le dispositif prévoit la glycémie future en fonction de la glycémie actuelle, l'effet rémanent des doses d'insuline administrées et la sensibilité du patient à l'insuline. Il permet également de déterminer la nature des mesures correctives à prendre lorsque les prévisions de glycémie se situent en dehors de la plage ciblée. Ce système comprend également un ordinateur médical relié au dispositif qui reçoit les données en rapport avec les glycémies et les doses d'insuline et qui calcule une sensibilité ajustée à l'insuline en vue de prévisions ultérieures.

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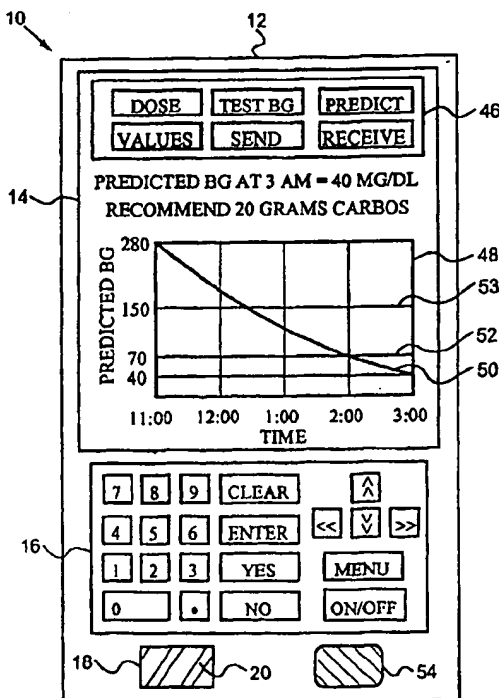
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(54) Title: **DIABETES MANAGEMENT SYSTEM AND METHOD FOR CONTROLLING BLOOD GLUCOSE**

(57) Abstract

A diabetes management system for predicting a future blood glucose value of a patient and for recommending a corrective action to the patient when the future blood glucose value lies outside of a target range. The system includes a patient-operated apparatus for measuring blood glucose values and for storing data relating to insulin doses administered to the patient. The apparatus predicts the patient's future blood glucose value based upon the patient's current blood glucose value, the fraction of insulin action remaining from the insulin doses, and the patient's insulin sensitivity. The apparatus also determines the corrective action for the patient when the predicted blood glucose value lies outside of a target range. The system also includes a physician computer in communication with the apparatus for receiving the blood glucose values and insulin dose data and for calculating an adjusted insulin sensitivity for use in subsequent predictions.



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Description

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DIABETES MANAGEMENT SYSTEM AND METHOD FOR CONTROLLING
BLOOD GLUCOSE

FIELD OF THE INVENTION

20 The present invention relates generally to disease management
25 systems, and in particular to a diabetes management system for
predicting a future blood glucose value of a patient and for
recommending a corrective action to the patient when the future
blood glucose value lies outside of a target range.

DESCRIPTION OF PRIOR ART

30 Insulin dependent diabetes mellitus (IDDM) is caused by the auto-
35 immune destruction of the insulin producing islets of Langerhans
in the pancreas. Insulin replacement therapy is the interim
treatment for IDDM until such time as islet transplants become
feasible. Insulin lowers the concentration of glucose in the
40 blood, while food raises the concentration of glucose in the
blood. The challenge of insulin therapy is to administer food and
35 insulin in a manner which maintains blood glucose concentrations
in an acceptable range, thereby avoiding hypoglycemia and
hyperglycemia.

45 Hyperglycemia has adverse long term consequences for the body.
40 These consequences include kidney damage leading to kidney
failure, micro-enurisms in the retina causing blindness, and the
50 blocking of capillaries in the extremities causing an inability to
heal wounds and subsequent gangrene. Hypoglycemia has an
immediate adverse consequence of reduced brain function which

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5 leads to confusion and an inability to reason, remember, or react.
In the extreme, hypoglycemia causes seizure, coma, and death.

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10 The first insulin used by diabetes patients was regular insulin
taken from beef or pig pancreases. This insulin lasts for about
10 six hours, so that patients were required to inject it three or
four times per day. After World War II, longer acting insulin was
15 developed by binding regular insulin to protamine and zinc.
Regular insulin dissociates slowly from protamine and zinc,
extending insulin action to twelve hours for intermediate acting
15 insulin and twenty-four hours for ultra-lente insulin. Patients
enjoyed reducing injections to one per day, but were required to
20 modify their eating to a snack-all-day regimen to avoid
hypoglycemia. The one daily insulin dose was adjusted as needed
to reduce the incidence of both hypoglycemia and hyperglycemia.

25

20 The development of portable blood glucose meters encouraged the
development of more sophisticated insulin therapy regimens. One
of these regimens is the split/mixed regimen which consists of two
daily doses of mixed regular and intermediate acting insulins
30 taken before breakfast and dinner. These four insulin therapy
components are adjusted using blood glucose values measured before
each meal and at bedtime. Patients using the split/mixed regimen
are required to eat substantially the same meals every day so that
35 the four insulin components may be adapted to the consistent meal
pattern over time.

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The split/mixed regimen has the advantage of allowing independent
adjustment of insulin doses for each meal and requires only two
injections per day. However, it has several disadvantages which
35 are primarily due to the intermediate acting insulin components.
The intermediate acting insulin taken before breakfast affects
lunch time and pre-dinner blood glucose, requiring a patient to
45 commit to the size and timing of lunch before eating breakfast.
The broad action of the intermediate acting insulin may lead to
40 hypoglycemia before or after lunch when the size or timing of the
lunch is varied. Similarly, the intermediate acting insulin taken
50 before dinner requires the patient to eat a snack at bedtime to
mitigate nocturnal hypoglycemia. Even when a snack is eaten, the

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5 intermediate acting insulin may cause hypoglycemia around 3 AM
when its action peaks.

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Many of the disadvantages of the split/mixed regimen are overcome
in a second insulin therapy regimen called the basal/bolus
10 regimen. The basal/bolus regimen attempts to emulate the method
by which an intact pancreas controls blood glucose. Normally, the
15 intact pancreas produces a steady supply of basal insulin to
accommodate the body's basic resting needs. The pancreas handles
meals by releasing a sharp impulse of bolus insulin in a first
15 phase. The sharp impulse of bolus insulin raises circulating
insulin levels immediately. The first phase is followed by a
20 sustained level of heightened insulin release in a second phase.
The second phase continues until the body's blood glucose
concentration falls back to normal, at which point basal levels
20 are obtained once again.

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In the basal/bolus regimen, the basal insulin releases are
emulated by two daily basal injections of intermediate acting
insulin, such as Lente or Neutral Protamine Hagedorn (NPH),
25 generally taken before breakfast and at bedtime. The bolus
insulin releases are emulated by bolus injections of regular or
fast acting lispro insulin taken before each meal. Fast acting
lispro insulin allows the bolus injections to emulate the first
35 phase action of the pancreas better than regular insulin by
reducing the delay before the insulin injection takes effect and
30 by shortening the overall duration of the insulin's action.

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Thus, the basal/bolus regimen generally includes four insulin
doses per day consisting of a pre-breakfast dose of intermediate
35 insulin combined with regular or lispro insulin, pre-lunch and
pre-dinner doses of regular or lispro insulin, and a bedtime dose
of intermediate insulin. The two basal insulin doses accommodate
45 the basic insulin needs of a patient absent any perturbations due
to food. Food is handled by the bolus insulin doses, which the
40 patient attempts to tailor to the amount of food to be eaten.

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Problems arise in the basal/bolus regimen when a patient
incorrectly estimates the dose of bolus insulin required for a
given meal. Too little insulin causes the patient to develop

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5 hyperglycemia, while too much insulin causes the patient to
develop hypoglycemia. Hypoglycemia or hyperglycemia may also
10 result when the size of the meal is varied without adequate
adjustment of the bolus insulin dose. Patients using the
basal/bolus regimen are typically required to eat substantially
10 the same meals every day so that the bolus insulin doses may be
adapted to the consistent meal pattern over time.

15

Several electronic diabetes management systems have been developed
to assist patients in the implementation of the split/mixed or
15 basal/bolus regimens. One such system is disclosed in U.S. Patent
5,019,974 issued to Beckers on May 28, 1991. Beckers describes a
20 master computer for developing a therapy program for a patient and
for downloading the therapy program to a patient-operated
recorder. The recorder reminds the patient of any therapy due and
20 records that the therapy has been performed by the patient. Data
25 from the recorder is subsequently fed back to the master computer
to improve or alter the therapy program.

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In using Beckers' system, a patient must strictly adhere to the
25 predetermined therapy guidelines in order for the therapy program
to be effective. To make any therapy adjustments, the patient
must upload data to the master computer, wait for the therapy
adjustments, and strictly follow the adjusted guidelines. Thus,
35 Beckers' system restricts the patient to a consistent meal plan,
30 with no flexibility for adjusting the therapy program to meals of
varying size or timing.

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Following a consistent meal plan is extremely difficult, whether
for diabetes treatment or weight loss. Rarely can a patient stick
35 to a predetermined meal plan every day of his or her life.
Consequently, Beckers' system is ineffective for assisting the
patient in controlling blood glucose and avoiding hypoglycemia or
45 hyperglycemia when the patient deviates from the plan during his
or her normal course of behavior.

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Moreover, Beckers' system lacks any mechanism for predicting the
50 patient's future blood glucose concentration and is thus unable to
alert the patient to future hypoglycemia or hyperglycemia
resulting from an unusual meal or an incorrectly estimated insulin

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5 dose taken for the meal. Further, Beckers does not teach or
describe any mechanism for recommending to the patient a
corrective action, such as a supplemental insulin dose or
10 carbohydrate supplement, when the patient has a potential for
future hypoglycemia or hyperglycemia.

10

Another diabetes management system is disclosed in U.S. Patent
15 4,731,726 issued to Allen on March 15, 1988. Allen describes a
system which includes a physician computer for downloading therapy
guidelines to a patient-operated apparatus. The apparatus
15 includes a blood glucose meter for recording a patient's blood
glucose values and keys for entering patient data relating to
20 diet, insulin, exercise, stress, and symptoms of illness. The
apparatus is programmed to recommend insulin doses to the patient
based upon the data supplied.

20

Unfortunately, Allen's system recommends insulin doses to the
patient based upon pre-meal blood glucose values only, as stated
in column 16, lines 42 - 44. This forces the patient to wait
until the next meal before he or she may take action to correct
30 hypoglycemia or hyperglycemia developed since the previous meal.
Further, Allen's system has no mechanism for predicting the
patient's future blood glucose concentration based upon the
patient's post-meal blood glucose value and the insulin action
35 remaining from insulin doses injected before the meal. As a
result, Allen's system is unable to alert the patient to future
40 hypoglycemia or hyperglycemia resulting from the patient eating an
unusual meal or taking an incorrect insulin dose for the meal.

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OBJECTS AND ADVANTAGES OF THE INVENTION

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In view of the above, it is an object of the present invention to provide a diabetes management system for predicting a future blood glucose concentration of a patient based upon the patient's current blood glucose concentration and the insulin action remaining from previous insulin doses, thereby enabling the patient to take timely corrective action to prevent hypoglycemia or hyperglycemia. It is another object of the invention to provide a diabetes management system for recommending the corrective action to the patient when the predicted blood glucose value lies outside of a target range.

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These and other objects and advantages will become more apparent after consideration of the ensuing description and the accompanying drawings.

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SUMMARY

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The invention presents a system and method for assisting a patient having diabetes mellitus in controlling blood glucose. The system includes a patient-operated apparatus having a blood glucose meter for measuring a blood sample of the patient and for producing from a measurement of the blood sample a blood glucose value $G(t_d)$ representative of a blood glucose concentration of the patient at time t_d . The apparatus also includes a user interface for entering in the apparatus an insulin dose value I_k representative of an insulin dose administered to the patient prior to time t_d .

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The apparatus further includes a memory for storing maximum and minimum values defining a target blood glucose range of the patient. The memory also stores a target blood glucose value of the patient within the range, an insulin sensitivity value representative of an insulin sensitivity of the patient, and information for determining an insulin action value $F_k(t_d)$ representative of a fraction of insulin action remaining at time t_d from the insulin dose.

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A processor is connected to the glucose meter, user interface, and memory. The processor is programmed to determine the insulin

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5 action value $F_k(t_c)$ and to determine a future blood glucose value $G(t_j)$ representative of an expected blood glucose concentration of the patient at time t_j . The processor determines the future blood glucose value $G(t_j)$ in dependence upon the blood glucose value $G(t_d)$, the insulin dose value I_k , the insulin sensitivity value, and the insulin action value $F_k(t_d)$. The processor is also programmed to determine a corrective action for the patient when the future blood glucose value $G(t_j)$ lies outside of the target range.

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15 The corrective action is preferably an administration of a supplemental insulin dose when the future blood glucose value $G(t_j)$ lies above the target range or a consumption of a number of grams of carbohydrates when the future blood glucose value $G(t_j)$ lies below the target range. The processor is programmed to determine the supplemental insulin dose in dependence upon the insulin sensitivity value and a difference between the future blood glucose value $G(t_j)$ and the target blood glucose value. The processor is further programmed to determine the number of grams of carbohydrates to be consumed in dependence upon the difference between the future blood glucose value $G(t_j)$ and the target blood glucose value. A display is connected to the processor for displaying the future blood glucose value $G(t_j)$ and for recommending the corrective action to the patient.

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30 The system also includes a healthcare provider computer in communication with the apparatus for receiving from the apparatus blood glucose values and insulin dose values and for calculating from the values an adjusted insulin sensitivity value for the patient. The apparatus includes a communication device, such as a modem and input/output port, connected to the processor for establishing a communication link between the apparatus and the healthcare provider computer, for transmitting the blood glucose values and insulin dose values through the communication link, and for receiving through the communication link the adjusted insulin sensitivity value.

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BRIEF DESCRIPTION OF THE DRAWINGS

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5 FIG. 1 is a top plan view of a patient-operated apparatus according to the invention.

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FIG. 2 is a schematic block diagram of the apparatus of FIG. 1 connected to a healthcare provider computer through a communication network.

10 FIG. 3 is a schematic diagram of the apparatus of FIG. 1 connected to the healthcare provider computer of FIG. 2 through a connection cord.

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FIG. 4 is a sample parameter value entry window as it appears on a display of the apparatus of FIG. 1.

15 FIG. 5 is a graph illustrating the percent of insulin action remaining from regular and fast acting insulins as a function of time after injection.

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FIG. 6A is a sample table showing fractions of insulin action remaining from a dose of regular insulin at corresponding time points after injection.

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FIG. 6B is a continuation of the table of FIG. 6A.

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FIG. 7 is a sample table showing fractions of insulin action remaining from a dose of fast acting insulin at corresponding time points after injection.

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25 FIG. 8A is a flow chart illustrating steps included in a computer program executed by the apparatus of FIG. 1.

FIG. 8B is a continuation of the flow chart of FIG. 8A.

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FIG. 9A is a flow chart illustrating steps included in a prediction program module of the computer program of FIGS. 8A and 8B.

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FIG. 9B is a continuation of the flow chart of FIG. 9A.

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FIG. 10 is a flow chart illustrating steps included in a graph program module of the computer program of FIGS. 8A and 8B.

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DETAILED DESCRIPTION

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The present invention is a diabetes management system and method for predicting a future blood glucose value of a patient and for recommending to the patient a corrective action when the future blood glucose value lies outside of a target blood glucose range. In the following description, numerous specific details are set forth in order to provide a thorough understanding of the present

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5 invention. However, it will be apparent to one of ordinary skill
in the art that these specific details need not be used to
10 practice the invention. In other instances, well known
structures, interfaces, and processes are not shown in detail to
avoid unnecessarily obscuring the present invention.

10 FIGS. 1 - 7 illustrate a diabetes management system according to a
15 preferred embodiment of the invention. Referring to FIG. 1, the
diabetes management system includes a patient-operated apparatus
10 having a housing 12 for holding the components of apparatus 10.
15 Housing 12 is preferably sufficiently compact to enable apparatus
10 to be hand-held and carried by a patient. A strip guide 18 for
20 receiving a blood glucose test strip 20 is located on a surface of
housing 12. Test strip 20 is for receiving a blood sample from
the patient.

20 Apparatus 10 includes a display 14 for displaying predicted future
25 blood glucose values and for recommending to the patient
corrective actions when the future blood glucose values lie
outside of a target blood glucose range. Display 14 is preferably
30 a liquid crystal display (LCD). Display 14 is also designed to
display prompts and a menu 46 to the patient during the operation
of apparatus 10.

35 Menu 46 preferably includes a number of menu options as follows.
30 The "DOSE" option starts a procedure for entering in apparatus 10
insulin dose values representative of insulin doses administered
to the patient. Each insulin dose is typically self-injected by
40 the patient. After injecting a dose, the patient selects the
"DOSE" option to record in apparatus 10 the dose value and the
35 type of insulin injected. The "TEST BG" option starts a procedure
for measuring a current blood glucose value of the patient. The
"PREDICT" option starts a procedure for predicting a future blood
45 glucose value of the patient.

40 The "VALUES" option starts a procedure for entering in apparatus
10 various parameter values used to predict the future blood
50 glucose values and to recommend appropriate corrective actions to
the patient. The "SEND" option starts a procedure for
transmitting the blood glucose values and insulin dose values

5 stored in apparatus 10 to a healthcare provider computer. The
"RECEIVE" option starts a procedure for receiving data from the
healthcare provider computer.

10 Display 14 is also designed to display the predicted future blood
glucose values in graphical form. Display 14 preferably displays
a graph 48 which includes a blood glucose value curve 50 generated
15 from the predicted blood glucose values. Graph 48 also includes a
hypoglycemic line 52 indicating a hypoglycemic threshold of the
patient and a hyperglycemic line 53 indicating a hyperglycemic
15 threshold of the patient. Apparatus 10 also includes an audio
transducer, such as a speaker 54, for audibly alerting the patient
20 when a predicted future blood glucose value lies below the
hypoglycemic threshold.

25 Apparatus 10 further includes a keypad 16 having a number of keys
as follows. The ON/OFF key is pressed to turn apparatus 10 on and
off. Number keys 0, 1, 2, 3, etc. are used for entering
information on display 14, such as insulin dose values, insulin
types, and dates and times of injections. The ENTER key is used
30 after operation of the number keys to enter the information in
apparatus 10. The ENTER key is also used to select menu options.
The CLEAR key is used to clear numbers which have been entered
incorrectly. The YES and NO keys are pressed in response to
35 prompts on display 14 which require a yes or no answer.

30 The MENU key is pressed to display menu 46 on display 14. The
ARROW keys are for scrolling through the menu options. Specific
40 techniques for manufacturing and using an electronic apparatus
having these keys are well known in the art. Further, those
35 skilled in the art will recognize that the keys may be replaced by
other user controls, such as switches, buttons, or graphic
controls implemented on a touch sensitive screen.

45 FIG. 2 is a schematic block diagram illustrating apparatus 10 in
greater detail. Apparatus 10 includes a microprocessor 22 and a
40 memory 24 connected to microprocessor 22. Microprocessor 22 is
designed to execute a computer program stored in memory 24 to
50 perform the various calculations and control functions which are
described in the operation section below.

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Keypad 16 is connected to microprocessor 22 through a standard keypad decoder 26. Display 14 is connected to microprocessor 22 through a display driver 30. Microprocessor 22 communicates with display driver 30 via an interface, and display driver 30 updates and refreshes display 14 under the control of microprocessor 22. Speaker 54 and a clock 56 are also connected to microprocessor 22. Speaker 54 operates under the control of microprocessor 22 to emit audible tones alerting the patient to possible future hypoglycemia. Clock 56 supplies the current date and time to microprocessor 22.

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Memory 24 also stores blood glucose values of the patient, the insulin dose values, the insulin types, and the parameter values used by microprocessor 22 to calculate future blood glucose values, supplemental insulin doses, and carbohydrate supplements. Each blood glucose value and insulin dose value is stored in memory 24 with a corresponding date and time. Memory 24 is preferably a non-volatile memory, such as an electrically erasable read only memory (EEPROM).

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Apparatus 10 also includes a blood glucose meter 28 connected to microprocessor 22. Glucose meter 28 is designed to measure blood samples received on blood glucose test strips and to produce blood glucose values from measurements of the blood samples. Such glucose meters are well known in the art. Glucose meter 28 is preferably of the type which produces digital values which are output directly to microprocessor 22. Alternatively, blood glucose meter 28 may be of the type which produces analog values. In this alternative embodiment, blood glucose meter 28 is connected to microprocessor 22 through an analog to digital converter (not shown).

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Apparatus 10 further includes an input/output port 34, preferably a serial port, which is connected to microprocessor 22. Port 34 is connected to a modem 32 by an interface, preferably a standard RS232 interface. Modem 32 is for establishing a communication link between apparatus 10 and a healthcare provider computer 38 through a communication network 36. Modem 32 is capable of transmitting data to and receiving data from provider computer 38

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5 through communication network 36. In the preferred embodiment,
communication network 36 is a telephone network and modem 32
establishes the communication link to computer 38 through
10 telephone lines.

10 Referring to FIG. 3, the input/output port may also be used to
establish an alternative communication link between apparatus 10
and computer 38 through a data connection cord 40. Connection
15 cord 40 is connectable to the input/output port of apparatus 10
and to a corresponding input/output port of healthcare provider
computer 38. Specific techniques for connecting electronic
20 devices through connection cords are well known in the art.

Healthcare provider computer 38 is preferably a personal computer
located at a healthcare provider site, such as the office of the
25 patient's physician. Healthcare provider computer 38 is designed
to receive the patient's blood glucose values and insulin dose
values from apparatus 10 and calculate from the values an adjusted
insulin sensitivity value for the patient, as will be explained in
the operation section below.

30 The computer program executed by microprocessor 22 includes
equations for calculating future blood glucose values,
supplemental insulin doses, and carbohydrate supplements. The
variables used in the computer program are defined as follows:

35 $t_1, t_2, \dots, t_d, \dots, t_j, \dots, t_M$ = time points.

40 $G(t_d)$ = blood glucose value representative of a blood glucose
concentration of the patient at time t_d .

35 $G(t_j)$ = future blood glucose value representative of an expected
blood glucose concentration of the patient at time t_j .

45 I_k = insulin dose value representative of an insulin dose k
40 administered to the patient prior to time t_d , where k =
1 to N and N = the total number of bolus and
supplemental insulin doses administered to the patient.
50 Insulin dose value I_k is preferably expressed in units
of insulin.

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 P_k = insulin type of insulin dose k , e.g. regular insulin or
fast acting lispro insulin.

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 $F_k(t_d)$ = insulin action value representative of the fraction of
insulin action remaining at time t_d from insulin dose k .
For the purposes of this specification and the appended
15
claims, insulin action is defined as the action of
insulin to lower a patient's blood glucose
concentration.

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 $F_k(t_j)$ = insulin action value representative of a fraction of
insulin action remaining at time t_j from insulin dose k .

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 S = insulin sensitivity value representative of an insulin
sensitivity of the patient. Insulin sensitivity value S
indicates the amount a unit of insulin is expected to lower
the patient's blood glucose concentration. Value S is a
variable which is preferably updated in response to data
collection from the patient, as described in detail below.

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 D = a recommended supplemental dose of insulin calculated for the
patient. Dose D is preferably expressed in units of insulin.

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 C = carbohydrate value indicating the amount one gram of
carbohydrates is expected to raise the patient's blood
glucose concentration.

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35
 R_{max} , R_{min} = maximum and minimum values, respectively, defining a
target blood glucose range of the patient.

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40
 T = target blood glucose value of the patient within the target
blood glucose range.

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 H = Hypoglycemic value indicating a hypoglycemic threshold of the
patient below which a carbohydrate supplement is desired.

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50
 B = the number of grams of carbohydrates to be consumed by the
patient in a recommended carbohydrate supplement.

5 With these definitions, future blood glucose value $G(t_j)$ is
calculated according to equation (1):

$$G(t_j) = G(t_d) - S \left[\sum_{k=1}^N I_k (F_k(t_d) - F_k(t_j)) \right] \quad (1)$$

10 Microprocessor 22 calculates future blood glucose value $G(t_j)$ from
blood glucose value $G(t_d)$, insulin sensitivity value S , insulin
dose value I_k , and insulin action values $F_k(t_d)$ and $F_k(t_j)$. If
the patient has injected multiple insulin doses, their remaining
action is summed as shown. Blood glucose value $G(t_d)$ is
preferably measured a sufficient time after the patient's last
meal to ensure that most or all of the meal has already been
absorbed. A sufficient time is usually two hours after a typical
meal, or one hour after a snack or smaller meal.

FIG. 4 shows a sample parameter value entry window 58 as it
appears on display 14. Window 58 is preferably a pop-up window
displayed when the patient selects the "VALUES" option from the
menu. Window 58 includes data entry fields 60 for entering in
apparatus 10 insulin sensitivity value S , carbohydrate value C ,
hypoglycemic value H , maximum value R_{max} , minimum value R_{min} , and
target value T . The patient navigates between entry fields 60
using the arrow keys on the keypad.

Apparatus 10 uses information derived from insulin time activity
profiles to determine the insulin action values. The time
activity profiles of insulin are described in several sources,
such as Eli Lilly and Company's website
http://www.lilly.com/diabetes/ref_manual/insulin_bck.html. The
time activity profiles of insulin are also described in Howey et
al. "A Rapidly Absorbed Analogue of Human Insulin", *Diabetes*, Vol.
43, pp. 396-402, 1994, which is hereby incorporated by reference.

FIG. 5 is a graph illustrating the percent of insulin action
remaining from doses of regular and lispro insulins as a function
of time after injection. The graph includes two insulin action
curves derived from data in Howey et al. A first insulin action
curve 42 shows the percent of insulin action remaining from a dose

5 of regular insulin as a function of time after injection. A
second insulin action curve 44 shows the percent of insulin action
remaining from a dose of lispro insulin as a function of time
after injection.

10 An insulin action value is determined from curves 42 or 44 by
determining the time after injection, locating the corresponding
percentage of insulin action remaining on the appropriate curve,
and dividing the percentage by 100 to yield the insulin action
value. For example, if the patient injected a dose of lispro and
the time after injection equals 150 minutes, then the insulin
action value is determined to be 0.40 from curve 44. This
indicates that at 150 minutes after injection, the insulin dose
has 40% of its full insulin action remaining to lower the
patient's blood glucose concentration.

20 The insulin action curves shown in FIG. 5 are derived from
standard patient data. An insulin action curve customized to an
individual patient may be generated experimentally by establishing
basal homeostasis in the patient and then measuring the effect of
a supplemental insulin dose on the patient's blood glucose
concentration. After injecting the supplemental insulin dose, the
patient's blood glucose is measured frequently over the period of
time required for the insulin to be fully absorbed.

30 The measured blood glucose values are used to generate a curve of
the patient's blood glucose concentration as a function of time
after injection. The total blood glucose drop resulting from the
supplemental insulin dose is determined by subtracting the last
blood glucose value from the first blood glucose value. The curve
is normalized by subtracting the final blood glucose value from
each point on the curve and dividing the result by the total blood
glucose drop. Normalizing the curve in this manner yields an
insulin action curve individualized to the patient. This
experiment is repeated, preferably at varying times of day, to
generate a continuous insulin action curve for the patient.

50 In the preferred embodiment, information for determining insulin
action values $F_k(t_d)$ and $F_k(t_j)$ is stored in memory 24 in tabular
form. The information may be derived from standard insulin action

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5 curves or derived from an insulin action curve individualized to the patient. FIGS. 6A and 6B show a first insulin action Table 1 which is derived from curve 42, the insulin action curve for regular insulin.

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10 FIG. 7 shows a second insulin action Table 2 which is derived from curve 44, the insulin action curve for lispro insulin. Each insulin action table includes a first column containing time points after injection and a second column containing corresponding insulin action values. Microprocessor 22 preferably
15 uses linear interpolation to determine insulin action values $F_k(t_d)$ and $F_k(t_j)$ from the insulin action tables, as will be described in the operation section below.

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The operation of the preferred embodiment is illustrated in FIGS. 1 - 10. Referring to FIG. 2, a preferred method of using the diabetes management system to assist a patient having diabetes mellitus in controlling blood glucose includes the step of storing
20 in memory 24 insulin sensitivity value S , carbohydrate value C , hypoglycemic value H , maximum value R_{max} , minimum value R_{min} ,
30 target blood glucose value T , and the table values for determining remaining insulin action at corresponding times after injection. The values may be entered in apparatus 10 through input/output port 34 or keypad 16. The values stored in memory 24 are
35 preferably selected under the supervision of a healthcare provider, such as the patient's physician.

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Insulin sensitivity value S is preferably customized to the patient based upon the patient's measured blood glucose values and insulin dose values, as will be explained in detail below.
35 However, when the patient is first provided with apparatus 10, historical blood glucose values and insulin dose values may not be available. In this case, insulin sensitivity value S is preferably estimated by dividing 1,500 mg/dl by the patient's total daily insulin need. For example, if the patient's total
45 daily insulin need is 30 units, the initial insulin sensitivity value is calculated as 50 mg/dl per unit of insulin.

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Specific techniques for establishing carbohydrate value C , hypoglycemic value H , maximum value R_{max} , minimum value R_{min} , and

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5 target blood glucose value T are well known in the art. For example, many physicians prefer a target blood glucose range of 100 - 150 mg/dl with a target blood glucose value of 120 mg/dl and a hypoglycemic value of 70 mg/dl. Carbohydrate value C is preferably selected in dependence upon the patient's weight. For 10 example, one gram of carbohydrates typically raises blood glucose concentrations by 3 mg/dl, 4 mg/dl, and 5 mg/dl for people who weigh 90 kg, 70 kg, and 45 kg, respectively.

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Apparatus 10 is used by the patient to predict a future blood 15 glucose value and to generate a corrective action when the predicted value lies outside of the patient's target blood glucose range. FIG. 8A is a flow chart illustrating steps included in the computer program executed by microprocessor 22 to perform these functions. FIG. 8B is a continuation of the flow chart of FIG. 20 8A.

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In step 102, microprocessor 22 determines if the patient has selected the "DOSE" option from menu 46. If the patient has not selected the "DOSE" option, microprocessor 22 proceeds to step 25 106. If the patient has selected the "DOSE" option, microprocessor 22 proceeds to step 104, entering and storing dose value I_k and insulin type P_k .

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To enter and store dose value I_k and insulin type P_k , 30 microprocessor 22 displays the prompt "ENTER DOSE IN UNITS OF INSULIN" on display 14. The patient then enters dose value I_k into microprocessor 22 through keypad 16. The patient is then prompted with "ENTER INSULIN TYPE: PRESS 1 FOR REGULAR OR 2 FOR LISPRO". The patient enters insulin type P_k into microprocessor 35 22 by pressing the key corresponding to the insulin type injected.

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Microprocessor 22 then prompts the patient with "ENTER DATE/TIME OF INJECTION OR PRESS 1 FOR CURRENT DATE/TIME". The patient enters the date and time of injection or selects the current date 40 and time if the dose entry is made immediately after the injection. Microprocessor 22 stores dose value I_k and insulin type P_k in memory 24 with the selected date and time. Following step 104, microprocessor 22 proceeds to step 106.

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5 In step 106, microprocessor 22 determines if the patient has
selected the "TEST BG" option from menu 46. If the patient has
not selected the "TEST BG" option, microprocessor 22 proceeds to
10 step 118. If the patient has selected the "TEST BG" option,
microprocessor 22 prompts the patient to place a blood sample on a
10 blood glucose test strip and to insert the test strip in strip
guide 18, step 108.

15

Glucose meter 28 measures the blood sample and produces blood
glucose value $G(t_d)$ from the measurement of the blood sample. In
15 step 110, blood glucose value $G(t_d)$ is entered in microprocessor
22 by glucose meter 28, coded and labeled with the date and time
20 of the measurement, and stored in memory 24. Blood glucose value
 $G(t_d)$ is also displayed to the patient on display 14 in step 112.

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20 In step 114, microprocessor 22 determines if the patient has
selected the "PREDICTION" option from menu 46. If the patient has
not selected the "PREDICTION" option, microprocessor 22 proceeds
to step 118. If the patient has selected the "PREDICTION" option,
microprocessor 22 executes a future blood glucose value program
30 module in step 116. The steps included in the future blood
glucose value program module are illustrated in the flow chart of
FIGS. 9A and 9B and will be described in detail below. After
executing the program module of step 116, microprocessor 22
35 proceeds to step 118.

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30 In step 118, microprocessor 22 determines if the patient has
selected the "VALUES" option from menu 46. If the patient has not
40 selected the "VALUES" option, microprocessor 22 proceeds to step
124. If the patient has selected the "VALUES" option,
35 microprocessor 22 displays on display 14 the parameter value entry
window 58, step 120. In step 122, the parameter values are
entered in microprocessor 22 through keypad 16 and stored in
45 memory 24. Following step 122, microprocessor 22 proceeds to
step 124.

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40 In step 124, microprocessor 22 determines if the patient has
selected the "SEND" option from menu 46. If the patient has not
50 selected the "SEND" option, microprocessor 22 proceeds to step
128. If the patient has selected the "SEND" option,

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5 microprocessor 22 prompts the patient to connect modem 32 to a
telephone line. Microprocessor 22 then transmits the blood
glucose values and insulin dose values stored in memory 24 to
10 healthcare provider computer 38 through network 36, step 126.
Microprocessor 22 then proceeds to step 128.

10 In step 128, microprocessor 22 determines if the patient has
selected the "RECEIVE" option from menu 46. If the patient has
not selected the "RECEIVE" option, microprocessor 22 returns to
15 step 102 and repeats the program steps until apparatus 10 is
turned off by the patient. If the patient has selected the
20 "RECEIVE" option, microprocessor 22 prompts the patient to connect
modem 32 to a telephone line. In step 130, microprocessor 22
receives data from healthcare provider computer 38 through network
36.

25 The data preferably includes an adjusted insulin sensitivity value
and may optionally include new maximum and minimum values defining
the patient's target blood glucose range, a new target blood
glucose value, and new insulin action table values for determining
30 remaining insulin action. In step 132, microprocessor 22 stores
the received data in memory 24 for use in subsequent calculations.
Following step 132, microprocessor 22 returns to step 102 and
repeats the program steps until apparatus 10 is turned off by the
35 patient.

30 FIGS. 9A and 9B illustrate the steps included in the future blood
glucose value program module of step 116. In step 202,
40 microprocessor 22 determines if the patient wishes to see future
blood glucose value $G(t_j)$ predicted for a default ultimate time
point by displaying the prompt "USE ULTIMATE TIME IN PREDICTION?
35 YES/NO?". In the preferred embodiment, the ultimate time point is
the time point at which the last insulin dose k injected by the
45 patient will be fully absorbed and have no insulin action
remaining. In response to a NO input from the patient,
40 microprocessor 22 proceeds to step 208. In response to a YES
input from the patient, microprocessor 22 sets time t_j equal to
50 the ultimate time point, step 204.

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5 To set time t_j equal to the ultimate time point, microprocessor 22
retrieves from memory 24 the last insulin dose value I_k and
corresponding insulin type P_k entered by the patient. If the
10 insulin type P_k is regular insulin, microprocessor 22 retrieves
from Table 1 the time after injection value corresponding to 0.00
insulin action remaining, i.e. 720 minutes. If the insulin type
10 P_k is lispro insulin, microprocessor 22 retrieves from Table 2 the
time after injection value corresponding to 0.00 insulin action
15 remaining, i.e. 390 minutes.

15 Microprocessor 22 adds the retrieved time after injection value to
the time of injection stored with the last dose value I_k and sets
20 time t_j equal to the sum. When time t_j is selected to be the
ultimate time point, each insulin dose k injected by the patient
will have no remaining insulin action at time t_j . Accordingly,
20 microprocessor 22 sets insulin action value $F_k(t_j)$ equal to 0 for
each dose value I_k stored in memory 24, step 206. Following step
206, microprocessor 22 proceeds to step 212.

30 If the patient has not selected the ultimate time point for time
25 t_j , microprocessor 22 prompts the patient to specify time t_j by
displaying "ENTER TIME FOR PREDICTION". The patient then enters
time t_j in microprocessor 22 in step 208. In step 210,
microprocessor 22 determines insulin action values $F_k(t_j)$ for each
35 dose value I_k stored in memory 24. Microprocessor 22 preferably
30 determines insulin action values $F_k(t_j)$ using linear
interpolation.

40 The insulin action value $F_k(t_j)$ for each dose value I_k is also
determined in dependence upon its corresponding insulin type P_k .
35 If the insulin type is regular insulin, microprocessor 22
determines the insulin action value $F_k(t_j)$ by interpolating
between the values listed in Table 1. If the insulin type is
45 lispro insulin, microprocessor 22 determines the insulin action
value $F_k(t_j)$ by interpolating between the values listed in Table
40 2.

50 The interpolation is preferably performed as follows. For each
dose value I_k , microprocessor 22 calculates a time after injection
value X_k indicating the time differential between time t_j and the

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time of injection of dose k . Microprocessor 22 then retrieves four values from the appropriate insulin action table. The four values retrieved are a first time after injection value X_0 and its corresponding insulin action value Y_0 , and a second time after injection value X_1 and its corresponding insulin action value Y_1 .

Value X_0 is selected from the appropriate table as the time after injection value which is closest to value X_k without exceeding value X_k . Value X_1 is selected as the time after injection value in the next row of the table. Microprocessor 22 preferably calculates the insulin action value $F_k(t_j)$ for each dose value according to equation (2A):

$$F_k(t_j) = Y_0 + \frac{(X_k - X_0)(Y_1 - Y_0)}{(X_1 - X_0)} \quad (2A).$$

For example, if the patient enters a dose value indicating a dose of regular insulin was injected at 12:00 PM and specifies a time t_j of 2:20 PM, microprocessor 22 first calculates time after injection value X_k to be 140 minutes. Microprocessor 22 then retrieves from Table 1 the values $X_0 = 135$ minutes, $Y_0 = 0.70$, $X_1 = 150$ minutes, and $Y_1 = 0.64$. Microprocessor 22 calculates insulin action value $F_k(t_j)$ for the dose from equation (2A) as:

$$F_k(t_j) = 0.70 + \frac{(140 - 135)(0.64 - 0.70)}{(150 - 135)} = 0.68$$

Microprocessor 22 thus determines that the regular insulin dose injected at 12:00 PM will have 68% of its insulin action remaining at 2:20 PM. Specific techniques for performing linear interpolations in this manner are well known in the art. Further, those skilled in the art will recognize that the insulin action tables could be provided with shorter time intervals between the time points to provide as much precision and accuracy as desired in the interpolation.

In step 212, microprocessor 22 performs a similar linear interpolation to determine the insulin action values $F_k(t_d)$ for each dose value I_k stored in memory 24. The insulin action value $F_k(t_d)$ for each dose value I_k is also determined in dependence

5 upon its corresponding insulin type P_k . If the insulin type is
 regular insulin, microprocessor 22 determines the value $F_k(t_d)$ by
 interpolating between the values listed in Table 1. If the
 insulin type is lispro insulin, microprocessor 22 determines the
 value $F_k(t_d)$ by interpolating between the values listed in Table
 2.

For each dose value I_k , microprocessor 22 calculates a time after
 injection value Z_k indicating the time differential between time
 t_d and the time of injection of dose k . Microprocessor 22 then
 retrieves from the appropriate insulin action table the first time
 after injection value X_0 , the corresponding insulin action value
 Y_0 , the second time after injection value X_1 , and the
 corresponding insulin action value Y_1 . Value X_0 is selected from
 the appropriate table as the time after injection value which is
 closest to value Z_k without exceeding value Z_k . Value X_1 is
 selected as the time after injection value in the next row of the
 table. Microprocessor 22 calculates each insulin action value
 $F_k(t_d)$ according to equation (2B):

$$F_k(t_d) = Y_0 + \frac{(Z_k - X_0)(Y_1 - Y_0)}{(X_1 - X_0)} \quad (2B).$$

For example, if the patient enters a dose value indicating a dose
 of lispro insulin was injected at 8:30 PM and time t_d is 11:00 PM,
 microprocessor 22 first calculates time after injection value Z_k
 to be 150 minutes. Microprocessor 22 then retrieves from Table 2
 the values $X_0 = 150$ minutes, $Y_0 = 0.40$, $X_1 = 165$ minutes, and $Y_1 =$
 0.32 . Microprocessor 22 calculates insulin action value $F_k(t_d)$
 for the dose from equation (2B) as:

$$F_k(t_d) = 0.40 + \frac{(150 - 150)(0.32 - 0.40)}{(165 - 150)} = 0.40$$

Microprocessor 22 thus determines that the lispro insulin dose
 injected at 8:30 PM has 40% of its insulin action remaining at
 11:00 PM. In step 214, microprocessor 22 calculates predicted
 future blood glucose value $G(t_j)$ according to equation (1):

$$G(t_j) = G(t_d) - S \left[\sum_{k=1}^N I_k(F_k(t_d) - F_k(t_j)) \right] \quad (1)$$

Future blood glucose value $G(t_j)$ is then displayed to the patient on display 14, step 216. In step 218, microprocessor 22 determines if the patient wishes to see graph 48 by displaying the prompt "DISPLAY GRAPH? YES/NO?". In response to a NO input from the patient, microprocessor 22 proceeds to step 222. In response to a YES input from the patient, microprocessor 22 executes a graph program module in step 220. The steps included in the graph program module are illustrated in the flow chart of FIG. 10 and will be described in detail below. After executing the program module of step 220, microprocessor 22 proceeds to step 222.

In step 222, microprocessor 22 compares future blood glucose value $G(t_j)$ to maximum value R_{max} and minimum value R_{min} to determine if future blood glucose value $G(t_j)$ lies outside of the patient's target blood glucose range. If glucose value $G(t_j)$ does not lie outside of the target range, "NO CORRECTIVE ACTION REQUIRED" is displayed to the patient in step 224. Following step 224, the future blood glucose value program module ends.

If glucose value $G(t_j)$ lies outside of the target range, microprocessor 22 determines a corrective action for the patient and recommends the corrective action to the patient on display 14. In step 226, microprocessor 22 determines if glucose value $G(t_j)$ is greater than maximum value R_{max} . If glucose value $G(t_j)$ is not greater than maximum value R_{max} , microprocessor 22 proceeds to step 234.

If glucose value $G(t_j)$ is greater than maximum value R_{max} , microprocessor 22 calculates a supplemental insulin dose D for the patient and displays insulin dose D on display 14, step 228. Microprocessor 22 preferably calculates supplemental insulin dose D in dependence upon insulin sensitivity value S and a difference between future blood glucose value $G(t_j)$ and target blood glucose value T according to equation (3):

$$D = (G(t_j) - T) / S \quad (3).$$

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After displaying supplemental insulin dose D, microprocessor 22 determines if the patient wishes to enter a dose value for the supplemental insulin dose by displaying the prompt "SUPPLEMENTAL INSULIN TAKEN? YES/NO?", step 230. In response to a NO input from the patient, the program module ends. In response to a YES input, microprocessor 22 proceeds to step 232, entering and storing the dose value and insulin type of supplemental insulin dose D. Step 232 is analogous to step 104 previously described with reference to FIG. 7A. Following step 232, the program module ends.

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In step 234, microprocessor 22 determines if glucose value $G(t_j)$ is less than hypoglycemic value H. If future blood glucose value $G(t_j)$ is not less than hypoglycemic value H, microprocessor 22 proceeds to step 240. If glucose value $G(t_j)$ lies below hypoglycemic value H, microprocessor 22 audibly alerts the patient by causing speaker 54 to emit audible tones, step 236. This alerts the patient that he or she is likely to develop hypoglycemia unless a carbohydrate supplement is taken.

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In step 238, microprocessor 22 calculates a number B of grams of carbohydrates to be consumed by the patient and displays a recommendation to consume number of grams B, step 238. Following step 238, the program module ends. Microprocessor 22 preferably calculates number of grams B in dependence upon carbohydrate value C and the difference between future blood glucose value $G(t_j)$ and target blood glucose value T according to equation (4):

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$$B = (T - G(t_j)) / C \quad (4).$$

If future blood glucose value $G(t_j)$ is not less than hypoglycemic value H, then glucose value $G(t_j)$ lies in a range between hypoglycemic value H and minimum value R_{min} . In this case, microprocessor 22 displays to the patient "POSSIBLE FUTURE HYPOGLYCEMIA: RECOMMEND SUBSEQUENT GLUCOSE MEASUREMENT IN 1.5 HOURS", step 240. Following step 240, the program module ends. Because the patient's blood glucose concentration may rebound, it is presently preferred not to recommend a carbohydrate supplement unless future blood glucose value $G(t_j)$ is below hypoglycemic value H.

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FIG. 10 is a flow chart illustrating the steps included in the graph program module of step 220. In steps 302 - 310, microprocessor 22 generates a plurality of predicted future blood glucose values for various time points between time t_d and time t_j . The future blood glucose values are used to generate blood glucose value curve 50 of graph 48. In the preferred embodiment, the future blood glucose values are calculated for time points which increase from time t_d to time t_j in five minute increments. It is obvious that the time increments may be varied as desired in alternative embodiments.

In step 302, microprocessor 22 sets time t_j equal to time t_d plus five minutes. In step 304, microprocessor 22 determines insulin action values $F_k(t_j)$ for each dose value I_k stored in memory 24. Step 304 is analogous to step 210 previously described with reference to FIG. 9A. In step 306, microprocessor 22 calculates future blood glucose value $G(t_j)$. Step 306 is analogous to step 214 previously described with reference to FIG. 9A.

In step 308, microprocessor 22 determines if time t_j is greater than or equal to the ultimate time point at which the last insulin dose k injected by the patient will have no insulin action remaining. If time t_j is not greater than or equal to the ultimate time point, microprocessor 22 sets time t_j equal to time t_j plus five minutes, step 310. Microprocessor 22 then repeats steps 304 - 308 to calculate a subsequent future blood glucose value.

If time t_j is greater than or equal to the ultimate time point, microprocessor 22 generates blood glucose value curve 50 from the calculated future blood glucose values and displays graph 48 on display 14, step 312. Following step 312, the graph program module ends. As shown in FIG. 1, graph 48 includes line 52 indicating the patient's hypoglycemic threshold and line 53 indicating the patient's hyperglycemic threshold. Lines 52 and 53 enable the patient to determine the time point at which he or she is predicted to develop hypoglycemia and hyperglycemia, respectively.

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5 The diabetes management system of the present invention provides a
 significant improvement over conventional diabetes management
 systems by alerting the patient to the possible development of
 hypoglycemia or hyperglycemia between meals, thereby allowing the
 patient to take early corrective action. Conventional management
 systems are unable to account for the insulin action remaining
 from previous insulin doses and therefore restrict insulin
 supplements to pre-meal times. Thus, in using these conventional
 systems, the patient must wait until the next meal time to correct
 hyperglycemia, and may develop hypoglycemia without warning.

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15 The following is an illustrative example of how apparatus 10
 assists a patient in preventing hyperglycemia between meals. The
 example assumes the patient has an insulin sensitivity value of 40
 mg/dl per unit, a target blood glucose range of 100 mg/dl - 150
 mg/dl, a target blood glucose value of 120 mg/dl, a hypoglycemic
 value of 70 mg/dl, and a carbohydrate value of 4 mg/dl per gram.

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In the example, the patient eats a late dinner at 8:40 PM. Before
 eating, the patient estimates that the meal requires 15 units of
 bolus insulin and injects 15 units of lispro at 8:30 PM. The
 patient records the dose value, dose type, and time of injection
 in apparatus 10. At bedtime, 11:00 PM, the patient uses apparatus
 10 to measure his or her blood glucose value. Apparatus 10
 produces and displays to the patient a current blood glucose value
 of 480 mg/dl. The patient then requests apparatus 10 to predict a
 future blood glucose value at the ultimate time point.

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Microprocessor 22 retrieves from memory 24 the dose value and
 corresponding insulin type of the dose injected by the patient at
 8:30 PM. Microprocessor 22 calculates time after injection value
 Z_k to be 150 minutes. Microprocessor 22 then retrieves from Table
 2 the values $X_0 = 150$ minutes, $Y_0 = 0.40$, $X_1 = 165$ minutes, and Y_1
 $= 0.32$. Microprocessor 22 calculates insulin action value $F_k(t_d)$
 from equation (2B) as:

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$$F_k(t_d) = 0.40 + \frac{(150 - 150)(0.32 - 0.40)}{(165 - 150)} = 0.40.$$

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5 Microprocessor 22 thus determines that the lispro insulin dose injected at 8:30 PM has 40% of its insulin action remaining at 11:00 PM. Microprocessor 22 also sets insulin action value $F_k(t_j)$ equal to 0.0 for each dose value stored in memory 24. For simplicity of understanding, the example assumes that only the dose injected at 8:30 PM has remaining insulin action. Microprocessor 22 then calculates the predicted blood glucose value at 3:00 AM according to equation (1) as:

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$$G(t_j) = 480 - 40(15 \times .40) = 240 \text{ mg/dl.}$$

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This indicates that the patient can expect an ultimate blood glucose value of 240 mg/dl when the insulin dose has been completely absorbed. The predicted value of 240 mg/dl is greater than the patient's maximum value of 150 mg/dl, so microprocessor 22 calculates a supplemental insulin dose for the patient and displays the recommended supplement on display 14. The supplemental dose D is calculated from equation (3) as:

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$$D = (240 - 120)/40 = 3 \text{ units of supplemental insulin.}$$

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The patient takes the supplemental insulin dose and records the dose value in apparatus 10. From taking the supplemental insulin dose, the patient obtains eight hours of normal blood glucose in place of hyperglycemia. An adjusted insulin sensitivity may also be determined from the dose values and measured blood glucose values recorded in apparatus 10 as follows. The next morning, the patient measures his or her pre-breakfast blood glucose value using apparatus 10. The patient then transmits the recorded dose values and blood glucose values measured at bedtime and before breakfast to healthcare provider computer 38.

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An adjusted insulin sensitivity value is calculated in healthcare provider computer 38 by subtracting the pre-breakfast blood glucose value from the bedtime blood glucose value. The result is divided by the total number of units of insulin which had remaining insulin action at bedtime. The number of units of insulin having remaining insulin action at bedtime is equal to the total number of units of the supplemental insulin dose plus the

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5 fraction of any previously injected insulin doses having remaining action.

10 An illustrative example will now be given using the same values presented above, where the patient's bedtime blood glucose value
15 equals 480 mg/dl, the supplemental insulin dose value equals 3 units, and the fraction of insulin action remaining from a previous 15 unit insulin dose is 0.40. The present example
further assumes a pre-breakfast blood glucose value of 138 mg/dl measured the following morning. The adjusted sensitivity value is
15 calculated as:

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$$S = (480 - 138) / (3 + (15 \times 0.40)) = 38 \text{ mg/dl per unit.}$$

25 The insulin sensitivity value S is preferably updated over time as a moving average of the individually calculated sensitivity values.

30 A second example illustrates how apparatus 10 assists a patient in preventing hypoglycemia. The second example assumes the same
25 values presented in the first example except that the patient's blood glucose value at 11:00 PM is now assumed to be 280 mg/dl. Microprocessor 22 calculates the predicted glucose value at 3:00 AM from equation (1) as:

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$$G(t_j) = 280 - 40(15 \times .40) = 40 \text{ mg/dl.}$$

40 The predicted value of 40 mg/dl is less than the patient's hypoglycemic value of 70 mg/dl. Accordingly, microprocessor 22
calculates a carbohydrate supplement and displays the number of
35 grams of carbohydrates to be consumed by the patient. The number of grams of carbohydrates is calculated from equation (4) as:

45
$$B = (120 \text{ mg/dl} - 40 \text{ mg/dl}) / 4 = 20 \text{ grams.}$$

40 The patient consumes the carbohydrate supplement and successfully
50 avoids hypoglycemia.

SUMMARY, RAMIFICATIONS, AND SCOPE

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5 Although the above description contains many specificities, these
should not be construed as limitations on the scope of the
10 invention but merely as illustrations of the presently preferred
embodiment. Many other embodiments of the invention are possible.
For example, the system of the invention may be implemented in
10 many different hardware configurations. It is presently preferred
to provide the patient with a small, portable apparatus to
15 facilitate use of the apparatus throughout the day. However, in
alternative embodiments, the apparatus may comprise a personal
computer, a multi-media processor connected to a television, or
15 any other electronic device capable of performing the functions
described.

20

Additionally, the system is not limited to establishing a
communication link between the apparatus and healthcare provider
20 computer through a telephone line or data connection cord. Those
skilled in the art will recognize that the apparatus may be placed
25 in communication with the healthcare provider computer through a
computer network, a wireless communication network, or a data
storage card, such as a smart card, exchanged between the
30 physician and patient. Specific techniques for establishing
communication links between a physician and a remotely located
patient are well known in the art.

35

30 The insulin sensitivity values and insulin action values for
determining remaining insulin action may differ in alternative
embodiments. The values shown in the preferred embodiment are
exemplary of one possible embodiment of the invention and are not
40 intended to limit its scope. Further, the insulin action values
may be derived from standard data or derived from the blood
glucose values and insulin dose values of an individual patient.
35 The insulin action values may be further customized to the
individual patient in dependence upon the patient's preferred mode
45 of insulin administration, e.g. syringe injections into the thigh,
gut, or arm, insulin pump administrations, or inhalation.

40

Further, the insulin action values need not be stored in tabular
50 form. In an alternative embodiment, the apparatus stores first
and second mathematical equations derived from the insulin action
curves. The first equation expresses remaining insulin action as

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5 a function of time after injection of a dose of regular insulin.
The second equation expresses remaining insulin action as a
function of time after injection of a dose of lispro insulin. In
10 this embodiment, the apparatus determines an insulin action value
by determining the time after injection and calculating the
10 insulin action value using the equation corresponding to the type
of insulin injected.

15 The preferred embodiment includes a patient-operated apparatus and
a healthcare provider computer in communication with the
15 apparatus. This configuration of system components is presently
preferred for ease of setting, storing, and adjusting the target
20 blood glucose value and insulin sensitivity value of the patient
under the supervision of a healthcare provider. However, those
skilled in the art will recognize that the apparatus itself may
20 also be programmed to adjust the patient's insulin sensitivity
value based upon the stored blood glucose values and insulin dose
25 values, eliminating the need for the healthcare provider computer
if physician review is deemed unnecessary.

30 25 It is presently preferred to include a blood glucose meter in the
apparatus for automated entry of blood glucose values. However,
the apparatus need not include a blood glucose meter. In one
alternative embodiment, the blood glucose meter is separate from
35 the apparatus and the patient manually enters measured blood
glucose values into the apparatus through the keypad. In another
30 embodiment, the blood glucose meter is connectable to the
apparatus through a serial input/output port for automated
uploading of the blood glucose values. Similarly, in embodiments
40 of the apparatus which include a modem, the modem need not be
35 built into the apparatus. In alternative embodiments, the
apparatus may be adapted to receive a separate modem card, as is
well known in the art.

45 Moreover, the apparatus is not limited to storing patient data
40 relating only to blood glucose and insulin dose values. In
alternative embodiments, the apparatus also stores guidelines for
50 diet, exercise, and other therapy parameters. Further, the
apparatus may be programmed to prompt a patient for data relating

5

5 to the therapy parameters and to display recommended guidelines to the patient.

10

10 Additionally, the invention may also be implemented as a simulation system for educating and training patients in blood glucose control. In the simulation embodiment, the insulin dose values are representative of simulated insulin doses and the blood glucose values are representative of simulated blood glucose concentrations. The patient enters various insulin dose values and blood glucose values in the simulation system to learn their effect on his or her future blood glucose concentration.

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20 Therefore, the scope of the invention should be determined not by the examples given but by the appended claims and their legal equivalents.

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Claims

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CLAIMS

What is claimed is:

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1. An apparatus for assisting a patient having diabetes mellitus in controlling blood glucose, said apparatus comprising:

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a) an input means for entering a blood glucose value $G(t_d)$

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representative of a blood glucose concentration of the patient at time t_d and for entering an insulin dose value representative of an insulin dose administered to the patient prior to time t_d ;

15

b) a memory means for storing an insulin sensitivity value representative of an insulin sensitivity of the patient and for storing information for determining an insulin action value $F_k(t_d)$ representative of a fraction of insulin action remaining at time t_d from said insulin dose;

20

20

c) a processor connected to said input means and said memory means for determining said insulin action value $F_k(t_d)$ and for determining a future blood glucose value $G(t_j)$ representative of an expected blood glucose concentration of the patient at time t_j , wherein said processor determines said future blood glucose value $G(t_j)$ in dependence upon said blood glucose value $G(t_d)$, said insulin dose value, said insulin sensitivity value, and said insulin action value $F_k(t_d)$; and

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d) a display means connected to said processor for displaying said future blood glucose value $G(t_j)$, thereby enabling the patient to take timely corrective action to prevent hypoglycemia or hyperglycemia.

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2. The apparatus of claim 1, wherein said memory means includes means for storing maximum and minimum values defining a target blood glucose range of the patient, said processor includes means for determining if said future blood glucose value $G(t_j)$ lies outside of said target range and means for determining said corrective action for the patient when said future blood glucose value $G(t_j)$ lies outside of said target range, and said display means includes means for recommending said corrective action to the patient.

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3. The apparatus of claim 2, wherein said memory means further includes means for storing a target blood glucose value of the patient, said corrective action comprises an administration of a supplemental insulin dose, and said processor further comprises means for determining said supplemental insulin dose in dependence upon said insulin sensitivity value and a difference between said future blood glucose value $G(t_j)$ and said target blood glucose value.

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4. The apparatus of claim 2, wherein said memory means further includes means for storing a target blood glucose value of the patient, said corrective action comprises a consumption of a number of grams of carbohydrates, and said processor further comprises means for determining said number of grams in dependence upon a difference between said future blood glucose value $G(t_j)$ and said target blood glucose value.

25

5. The apparatus of claim 1, wherein said memory means further includes means for storing a hypoglycemic value indicative of a hypoglycemic threshold of the patient, said processor includes means for determining if said future blood glucose value $G(t_j)$ lies below said hypoglycemic value, and said apparatus further comprises audio means connected to said processor for audibly alerting the patient when said future blood glucose value $G(t_j)$ lies below said hypoglycemic value.

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6. The apparatus of claim 1, wherein said input means comprises a blood glucose measuring means for measuring a blood sample of the patient and for producing said blood glucose value $G(t_d)$ from a measurement of said blood sample.

40

7. The apparatus of claim 1, wherein said insulin dose has an insulin type, said input means includes means for entering said insulin type, and said processor includes means for

5

5 determining said insulin action value $F_k(t_d)$ in dependence upon said insulin type.

10

8. The apparatus of claim 7, wherein said insulin type is selected from the group consisting of regular insulin and lispro insulin.

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9. The apparatus of claim 1, wherein said processor includes means for determining an insulin action value $F_k(t_j)$ representative of a fraction of insulin action remaining at time t_j from said insulin dose and means for determining said future blood glucose value $G(t_j)$ in further dependence upon said insulin action value $F_k(t_j)$.

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10. The apparatus of claim 1, wherein said processor includes means for determining an ultimate time point at which said insulin dose will have no insulin action remaining and means for setting time t_j equal to said ultimate time point.

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11. The apparatus of claim 1, wherein said processor includes means for determining a plurality of future blood glucose values representative of a corresponding plurality of expected blood glucose concentrations of the patient, and wherein said display means includes means for displaying said future blood glucose values in graphical form.

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12. The apparatus of claim 1, further comprising a communication means connected to said processor for establishing a communication link between said apparatus and a healthcare provider computer and for transmitting and receiving data therebetween.

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13. The apparatus of claim 12, wherein said communication means comprises a modem means for establishing said communication link through a communication network.

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14. The apparatus of claim 12, wherein said communication means comprises an input/output port for establishing said communication link through a connection cord.

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15. A system for assisting a patient having diabetes mellitus in controlling blood glucose, said system comprising:

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a) an input means for entering a blood glucose value $G(t_d)$ representative of a blood glucose concentration of the patient at time t_d and for entering an insulin dose value representative of an insulin dose administered to the patient prior to time t_d ;

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15

b) a memory means for storing maximum and minimum values defining a target blood glucose range of the patient, an insulin sensitivity value representative of an insulin sensitivity of the patient, and information for determining an insulin action value $F_k(t_d)$ representative of a fraction of insulin action remaining at time t_d from said insulin dose;

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c) a processor connected to said input means and said memory means for determining said insulin action value $F_k(t_d)$, for determining a future blood glucose value $G(t_j)$ representative of an expected blood glucose concentration of the patient at time t_j , and for determining a corrective action for the patient when said future blood glucose value $G(t_j)$ lies outside of said target range, wherein said processor determines said future blood glucose value $G(t_j)$ in dependence upon said blood glucose value $G(t_d)$, said insulin dose value, said insulin sensitivity value, and said insulin action value $F_k(t_d)$; and

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d) a display means connected to said processor for recommending said corrective action to the patient.

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16. The system of claim 15, wherein said memory means further includes means for storing a target blood glucose value of the patient, said corrective action comprises an administration of a supplemental insulin dose, and said processor further comprises means for determining said supplemental insulin dose in dependence upon said insulin sensitivity value and a difference between said future blood glucose value $G(t_j)$ and said target blood glucose value.

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5 17. The system of claim 15, wherein said memory means further
includes means for storing a target blood glucose value of
10 the patient, said corrective action comprises a consumption
of a number of grams of carbohydrates, and said processor
10 further comprises means for determining said number of
grams in dependence upon a difference between said future
blood glucose value $G(t_j)$ and said target blood glucose
15 value.

15 18. The system of claim 15, wherein said memory means further
includes means for storing a hypoglycemic value indicative
20 of a hypoglycemic threshold of the patient, said processor
includes means for determining if said future blood glucose
value $G(t_j)$ lies below said hypoglycemic value, and said
20 system further comprises audio means connected to said
processor for audibly alerting the patient when said future
25 blood glucose value $G(t_j)$ lies below said hypoglycemic
value.

30 19. The system of claim 15, wherein said input means comprises
25 a blood glucose measuring means for measuring a blood
sample of the patient and for producing said blood glucose
value $G(t_d)$ from a measurement of said blood sample.

35 20. The system of claim 15, wherein said insulin dose has an
30 insulin type, said input means includes means for entering
said insulin type, and said processor includes means for
determining said insulin action value $F_k(t_d)$ in dependence
40 upon said insulin type.

35 21. The system of claim 20, wherein said insulin type is
selected from the group consisting of regular insulin
45 and lispro insulin.

40 22. The system of claim 15, wherein said processor includes
means for determining an insulin action value $F_k(t_j)$
50 representative of a fraction of insulin action remaining at
time t_j from said insulin dose and means for determining
said future blood glucose value $G(t_j)$ in further dependence
upon said insulin action value $F_k(t_j)$.

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23. The system of claim 15, wherein said processor includes means for determining an ultimate time point at which said insulin dose will have no insulin action remaining and means for setting time t_j equal to said ultimate time point.

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24. The system of claim 15, wherein said processor includes means for determining a plurality of future blood glucose values representative of a corresponding plurality of expected blood glucose concentrations of the patient, and wherein said display means includes means for displaying said future blood glucose values in graphical form.

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25. The system of claim 15, wherein said input means includes means for entering a plurality of blood glucose values and a plurality of insulin dose values, and said system further comprises a computing means in communication with said processor for receiving said blood glucose values and said insulin dose values and for calculating from said blood glucose values and said insulin dose values an adjusted insulin sensitivity value.

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26. The system of claim 25, wherein said input means, said memory means, said processor, and said display means are included in a patient-operated apparatus, said computing means comprises a healthcare provider computer, and said apparatus includes a communication means connected to said processor for establishing a communication link between said apparatus and said healthcare provider computer.

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40

27. The system of claim 26, wherein said communication means comprises a modem means for establishing said communication link through a communication network.

50

28. The system of claim 26, wherein said communication means comprises an input/output port for establishing said communication link through a connection cord.

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29. A method for assisting a patient having diabetes mellitus in controlling blood glucose, said method comprising the following steps:

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- a) providing the patient with an apparatus for determining a future blood glucose value $G(t_j)$ representative of an expected blood glucose concentration of the patient at time t_j , wherein said apparatus comprises a memory, an input means for entering a blood glucose value $G(t_d)$ representative of a blood glucose concentration of the patient at time t_d and for entering an insulin dose value representative of an insulin dose administered to the patient prior to time t_d , a display, and a processor connected to said memory, said input means, and said display;
- b) storing in said memory an insulin sensitivity value representative of an insulin sensitivity of the patient;
- c) storing in said memory information for determining an insulin action value $F_k(t_d)$ representative of a fraction of insulin action remaining at time t_d from said insulin dose;
- d) entering in said processor said insulin dose value and said blood glucose value $G(t_d)$;
- e) determining in said processor said insulin action value $F_k(t_d)$;
- f) determining in said processor said future blood glucose value $G(t_j)$ in dependence upon said blood glucose value $G(t_d)$, said insulin dose value, said insulin sensitivity value, and said insulin action value $F_k(t_d)$; and
- g) displaying said future blood glucose value $G(t_j)$ on said display, thereby enabling the patient to take timely corrective action to prevent hypoglycemia or hyperglycemia.

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30. The method of claim 29, further comprising the step of determining in said processor an insulin action value $F_k(t_j)$ representative of a fraction of insulin action remaining at time t_j from said insulin dose, and wherein said future blood glucose value $G(t_j)$ is determined in further dependence upon said insulin action value $F_k(t_j)$.

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5

5 31. The method of claim 29, wherein the step of determining
said future blood glucose value $G(t_j)$ is preceded by the
steps of determining in said processor an ultimate time
10 point at which said insulin dose will have no insulin
action remaining and setting time t_j equal to said ultimate
10 time point.

15

 32. The method of claim 29, further comprising the steps of
determining in said processor a plurality of future blood
glucose values representative of a corresponding plurality
15 of expected blood glucose concentrations of the patient and
displaying said future blood glucose values in graphical
20 form on said display.

20

 33. The method of claim 29, further comprising the steps of
20 storing in said memory maximum and minimum values defining
a target blood glucose range of the patient, determining in
said processor if said future blood glucose value $G(t_j)$
lies outside of said target range, determining in said
processor said corrective action for the patient when said
30 future blood glucose value $G(t_j)$ lies outside of said
target range, and recommending said corrective action on
said display.

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 34. The method of claim 33, wherein said corrective action
30 comprises an administration of a supplemental insulin
dose, and said method further comprises the steps of
storing in said memory a target blood glucose value of
the patient and determining in said processor said
supplemental insulin dose in dependence upon said
35 insulin sensitivity value and a difference between said
future blood glucose value $G(t_j)$ and said target blood
glucose value.

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 35. The method of claim 33, wherein said corrective action
40 comprises a consumption of a number of grams of
carbohydrates, and said method further comprises the
steps of storing in said memory a target blood glucose
value of the patient and determining in said processor
said number of grams in dependence upon a difference

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5 between said future blood glucose value $G(t_j)$ and said target blood glucose value.

10
10 36. The method of claim 29, further comprising the steps of storing in said memory a hypoglycemic value indicative of a hypoglycemic threshold of the patient, determining in said processor if said future blood glucose value $G(t_j)$ lies
15 below said hypoglycemic value, and audibly alerting the patient when said future blood glucose value $G(t_j)$ lies below said hypoglycemic value.

15
20 37. The method of claim 29, wherein said input means comprises a blood glucose meter and the step of entering said blood glucose value $G(t_d)$ comprises the steps of measuring a blood sample of the patient with said glucose meter and
25 20 producing said blood glucose value $G(t_d)$ from a measurement of said blood sample.

30
25 38. The method of claim 29, wherein said insulin dose has an insulin type, said method further comprises the step of entering said insulin type in said processor, and said insulin action value $F_k(t_d)$ is determined in dependence upon said insulin type.

35
30 39. The method of claim 38, wherein said insulin type is selected from the group consisting of regular insulin and lispro insulin.

40
35 40. A method for assisting a patient having diabetes mellitus in controlling blood glucose, said method comprising the following steps:

45
40 a) providing the patient with an apparatus for determining a future blood glucose value $G(t_j)$ representative of an expected blood glucose concentration of the patient at time t_j , wherein said apparatus comprises a memory, an input means for entering a blood glucose value $G(t_d)$
50 representative of a blood glucose concentration of the patient at time t_d and for entering an insulin dose value representative of an insulin dose administered to the patient prior to time t_d , a display, and a processor

5

- 5 connected to said memory, said input means, and said display;
- 10 b) storing in said memory an insulin sensitivity value representative of an insulin sensitivity of the patient, information for determining an insulin action value $F_k(t_d)$ representative of a fraction of insulin action remaining at
- 15 time t_d from said insulin dose, and maximum and minimum values defining a target blood glucose range of the patient;
- 15 c) entering in said processor said insulin dose value and said blood glucose value $G(t_d)$;
- 20 d) determining in said processor said insulin action value $F_k(t_d)$;
- 25 e) determining in said processor said future blood glucose value $G(t_j)$ in dependence upon said blood glucose value $G(t_d)$, said insulin dose value, said insulin sensitivity value, and said insulin action value $F_k(t_d)$;
- 30 f) determining in said processor if said future blood glucose value $G(t_j)$ lies outside of said target range;
- 30 g) determining in said processor a corrective action for the patient when said future blood glucose value $G(t_j)$ lies outside of said target range; and
- h) recommending said corrective action to the patient on said display.

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- 30 41. The method of claim 40, further comprising the step of determining in said processor an insulin action value $F_k(t_j)$ representative of a fraction of insulin action remaining at time t_j from said insulin dose, and wherein said future blood glucose value $G(t_j)$ is determined in
- 40 further dependence upon said insulin action value $F_k(t_j)$.

- 45 42. The method of claim 40, wherein the step of determining said future blood glucose value $G(t_j)$ is preceded by the steps of determining in said processor an ultimate time
- 40 point at which said insulin dose will have no insulin action remaining and setting time t_j equal to said ultimate
- 50 time point.

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5 43. The method of claim 40, further comprising the steps of
determining in said processor a plurality of future blood
10 glucose values representative of a corresponding plurality
of expected blood glucose concentrations of the patient and
displaying said future blood glucose values in graphical
10 form on said display.

15

44. The method of claim 40, wherein said corrective action
comprises an administration of a supplemental insulin dose,
and said method further comprises the steps of storing in
15 said memory a target blood glucose value of the patient and
determining in said processor said supplemental insulin
20 dose in dependence upon said insulin sensitivity value and
a difference between said future blood glucose value $G(t_j)$
and said target blood glucose value.

20

20 45. The method of claim 40, wherein said corrective action
comprises a consumption of a number of grams of
carbohydrates, and said method further comprises the steps
of storing in said memory a target blood glucose value of
30 the patient and determining in said processor said number
of grams in dependence upon a difference between said
future blood glucose value $G(t_j)$ and said target blood
glucose value.

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30 46. The method of claim 40, further comprising the steps of
storing in said memory a hypoglycemic value indicative of a
hypoglycemic threshold of the patient, determining in said
40 processor if said future blood glucose value $G(t_j)$ lies
below said hypoglycemic value, and audibly alerting the
35 patient when said future blood glucose value $G(t_j)$ lies
below said hypoglycemic value.

35

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45 47. The method of claim 40, wherein said input means comprises
a blood glucose meter and the step of entering said blood
40 glucose value $G(t_d)$ comprises the steps of measuring a
blood sample of the patient with said glucose meter and
50 producing said blood glucose value $G(t_d)$ from a measurement
of said blood sample.

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5 48. The method of claim 40, wherein said insulin dose has an
insulin type, said method further comprises the steps of
entering said insulin type in said processor, and wherein
10 said insulin action value $F_k(t_d)$ is determined in
dependence upon said insulin type.

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49. The method of claim 48, wherein said insulin type is
selected from the group consisting of regular insulin
and lispro insulin.

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50. The method of claim 40, further comprising the steps of
entering in said processor a plurality of blood glucose
values and a plurality of insulin dose values, determining
from said blood glucose values and said insulin dose values
an adjusted insulin sensitivity value, and storing said
20 adjusted insulin sensitivity value in said memory.

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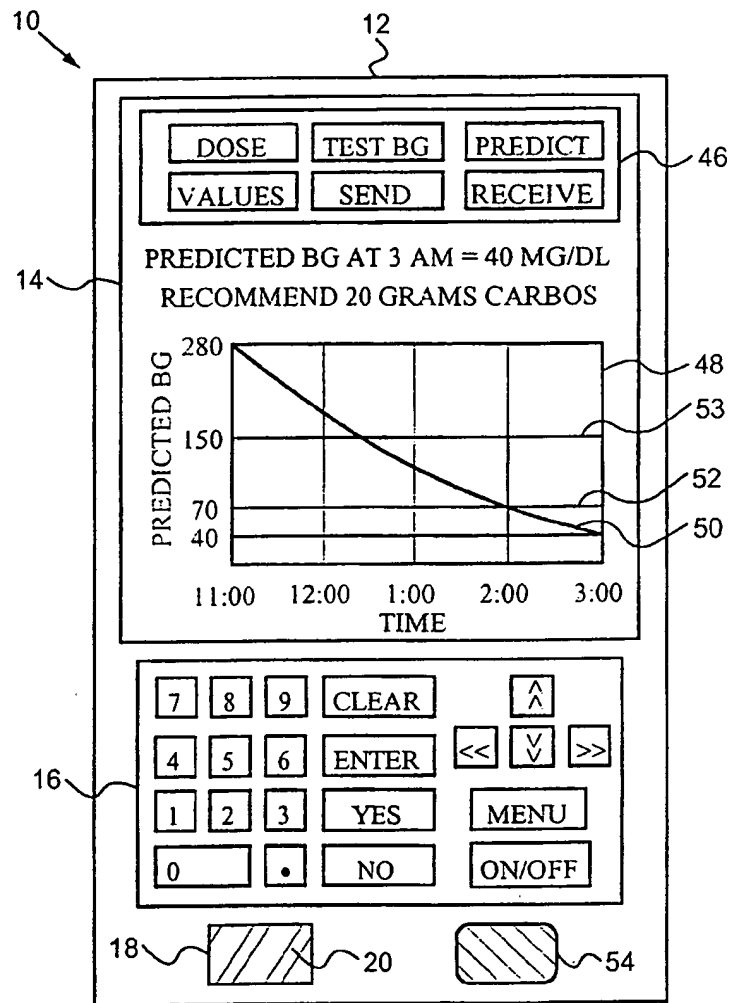


FIG. 1

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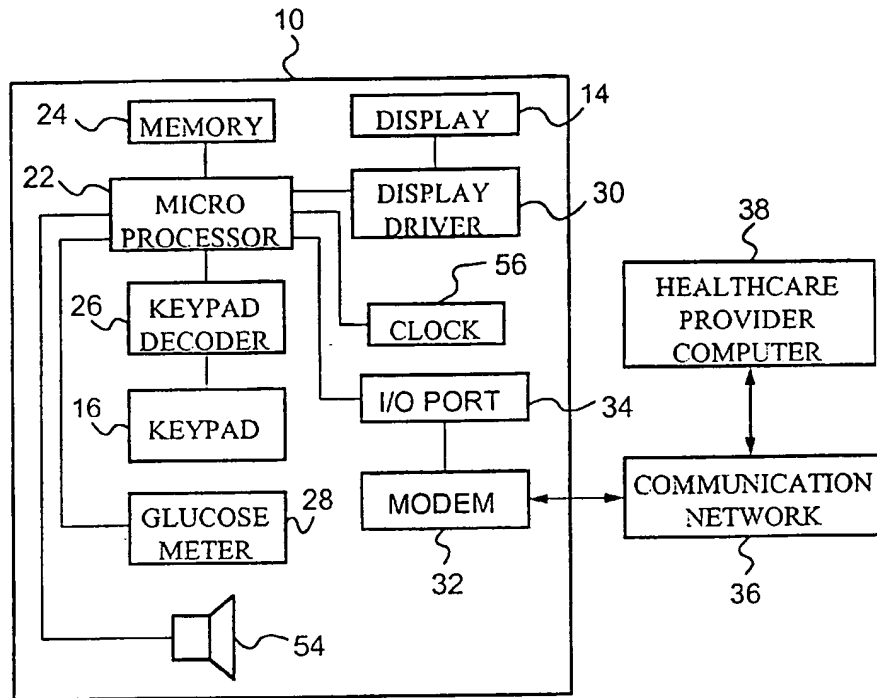


FIG. 2

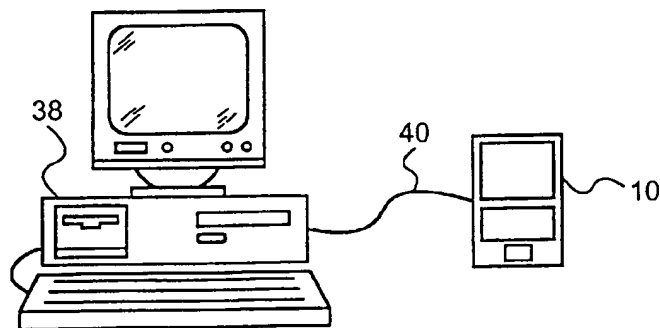


FIG. 3

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INSULIN SENSITIVITY (MG/DL PER UNIT)	40	60
CARBOHYDRATE VALUE (MG/DL PER GRAM)	4.0	
HYPOGLYCEMIC VALUE (MG/DL)	70	
MAX RANGE VALUE (MG/DL)	150	
MIN RANGE VALUE (MG/DL)	100	
TARGET VALUE (MG/DL)	120	

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FIG. 4

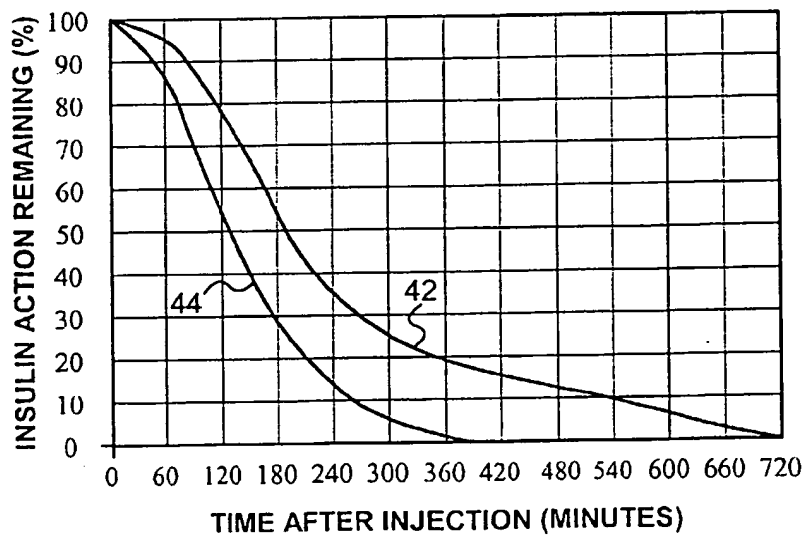


FIG. 5

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TABLE 1

TIME AFTER INJECTION (MINUTES)	$F_k(t)$
0	1.00
15	0.98
30	0.97
45	0.96
60	0.94
75	0.90
90	0.86
105	0.82
120	0.78
135	0.70
150	0.64
165	0.58
180	0.52
195	0.48
210	0.44
225	0.40
240	0.36
255	0.30
270	0.28
285	0.26
300	0.24
315	0.22
330	0.20
345	0.19

FIG. 6A

TABLE 1 (CONT.)

TIME AFTER INJECTION (MINUTES)	$F_k(t)$
360	0.18
380	0.17
400	0.16
420	0.15
440	0.14
460	0.13
480	0.12
500	0.11
520	0.10
540	0.09
560	0.08
580	0.07
600	0.06
620	0.05
640	0.04
660	0.03
680	0.02
700	0.01
> 720	0.00

FIG. 6B

TABLE 2

TIME AFTER INJECTION (MINUTES)	$F_k(t)$
0	1.00
15	0.97
30	0.93
45	0.90
60	0.85
75	0.80
90	0.70
105	0.60
120	0.52
135	0.46
150	0.40
165	0.32
180	0.28
195	0.22
210	0.16
225	0.14
240	0.12
255	0.10
270	0.08
285	0.07
300	0.06
315	0.05
330	0.04
345	0.03
360	0.02
375	0.01
> 390	0.00

FIG. 7

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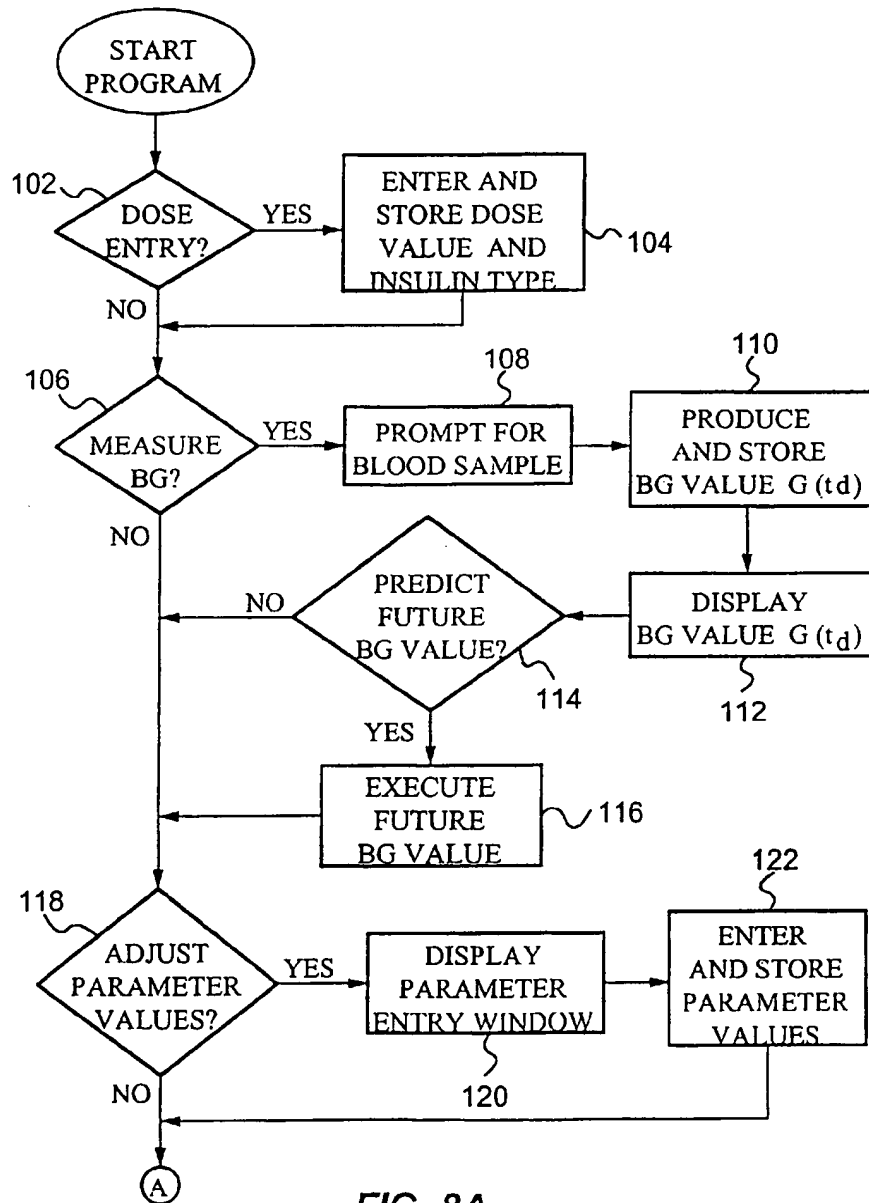


FIG. 8A

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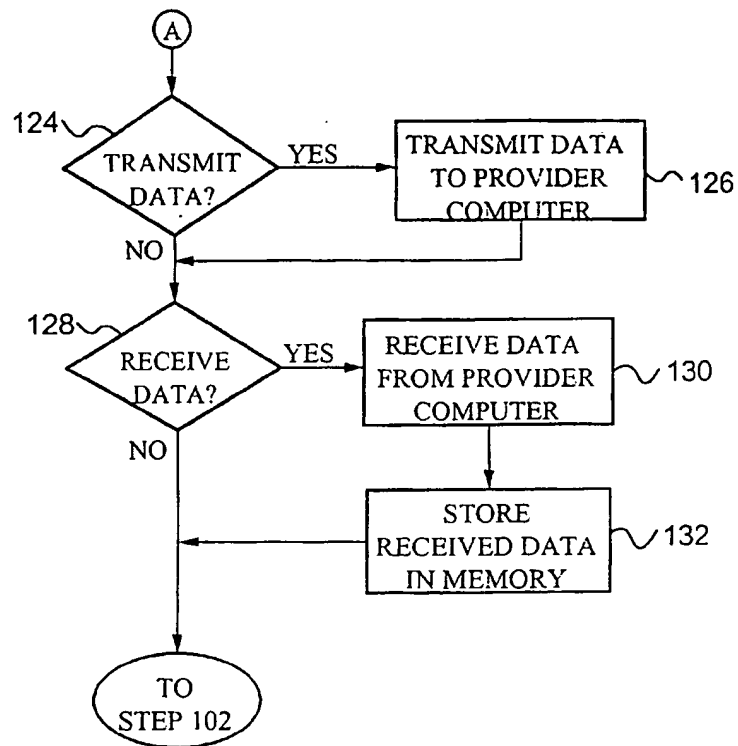


FIG. 8B

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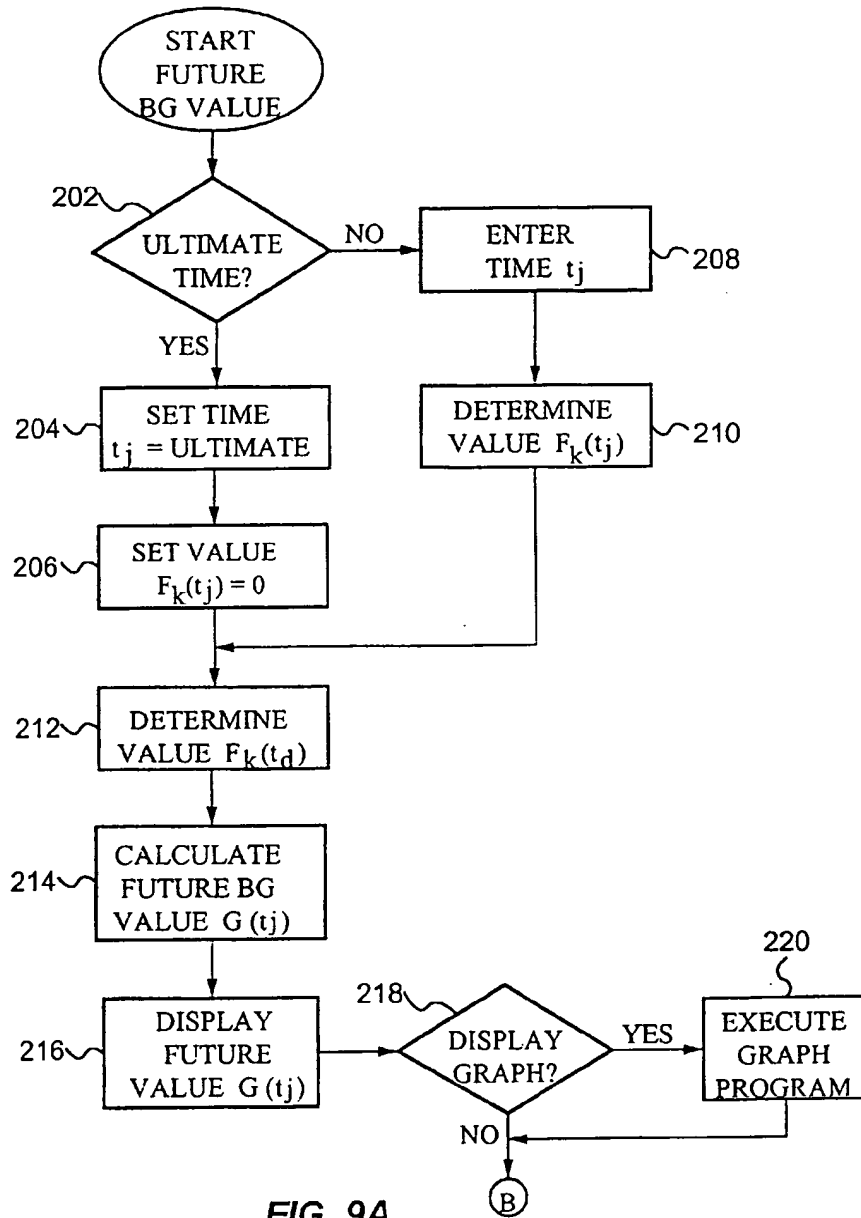


FIG. 9A

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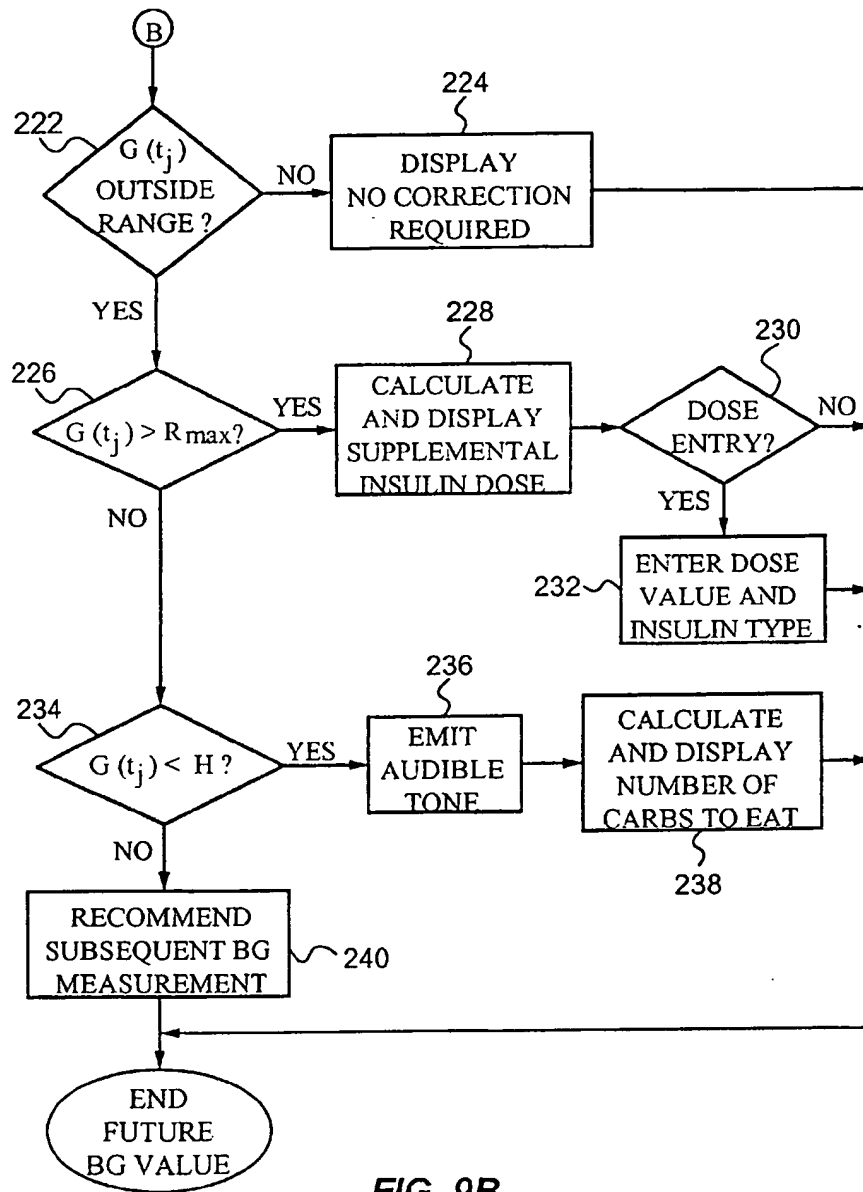


FIG. 9B

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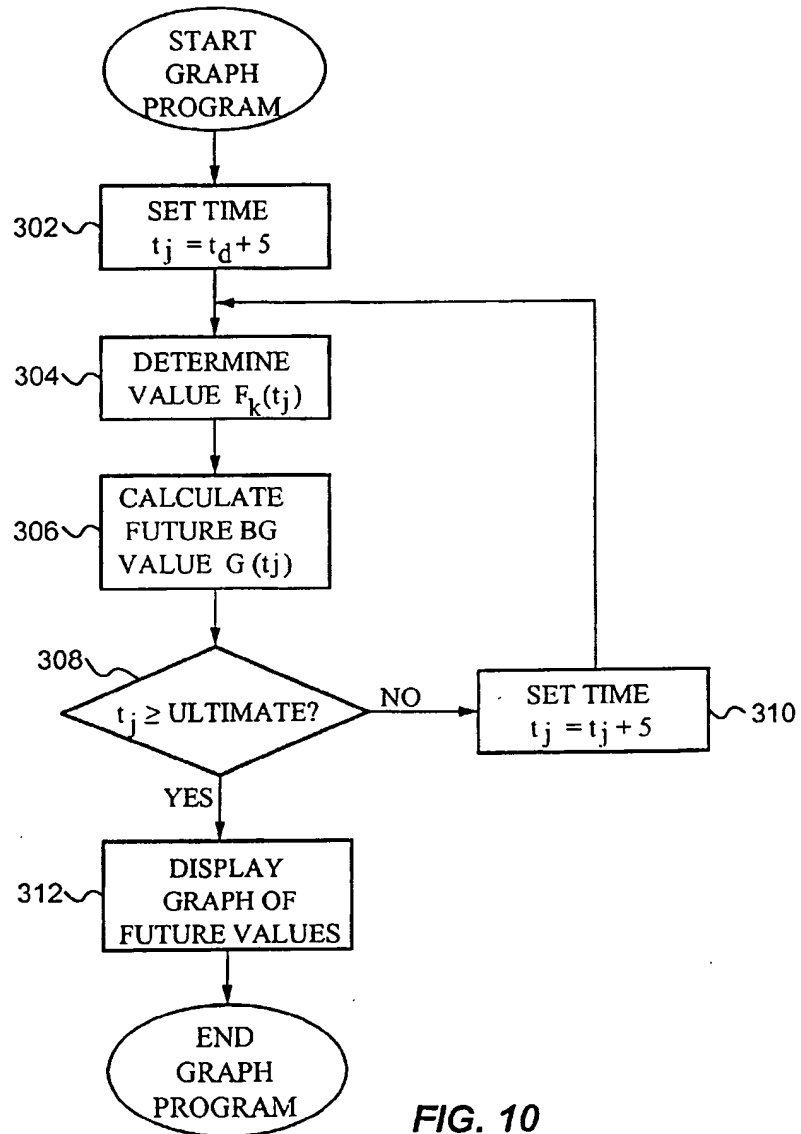


FIG. 10

INTERNATIONAL SEARCH REPORT

International Application No.
PCT/US 99/22586

A. CLASSIFICATION OF SUBJECT MATTER
IPC 7 A61B5/00 G06F19/00

According to International Patent Classification (IPC) or to both national classification and IPC

B. FIELDS SEARCHED

Minimum documentation searched (classification system followed by classification symbols)
IPC 7 A61B G06F

Documentation searched other than minimum documentation to the extent that such documents are included in the fields searched

Electronic data base consulted during the international search (name of data base and, where practical, search terms used)

C. DOCUMENTS CONSIDERED TO BE RELEVANT

Category *	Citation of document, with indication, where appropriate, of the relevant passages	Relevant to claim No.
X	WO 97 28737 A (NOKIA MOBILE PHONES LTD ;OKKONEN HARRI (FI); HEINONEN PEKKA (FI)) 14 August 1997 (1997-08-14)	1,6, 12-15, 19, 26-29, 37,40,47
A	page 4, line 17 - line 28 page 5, line 6 - line 30 page 9, line 27 -page 12, line 11; tables 2-4 --- -/--	2-4,7, 11,16, 17,20, 22,24, 25,30, 32,35, 38,41, 43-45, 48,50

☒ Further documents are listed in the continuation of box C.

☒ Patent family members are listed in annex.

* Special categories of cited documents:

- "A" document defining the general state of the art which is not considered to be of particular relevance
- "E" earlier document but published on or after the international filing date
- "L" document which may throw doubts on priority claim(s) or which is cited to establish the publication date of another citation or other special reason (as specified)
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